Case 22-12459-amc Doc 50 Filed 03/04/24 Entered 03/04/24 12:47:43 Desc Main Document Page 1 of 2

	in this information t	o identify your ca	ase:									
De	btor 1	Javon Jeter										
1 -	btor 2 ouse, if filing)					_						
Un	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_						
Ca	se number 22-	12459					Chec	k if this is	•			
(If known)								n amende	ed filing			
L										g postpetition Illowing date:		
0	fficial Form	<u> 1061</u>					N	/IM / DD/ Y	YYY			
S	chedule I:	Your Inc	ome								12/1	
spo atta Pa	rt 1: Describ	earated and you et to this form. e Employment	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not inclu	ıde inforr	nati	on abou	t your spo	ouse. If mo	re space is	needed,	
1.	Fill in your empl information.	oyment		Debtor 1				Debtor 2	2 or non-fil	ling spouse		
	If you have more		Employment status	☐ Employed	d			☐ Employed				
	attach a separate page with information about additional employers.		. ,	■ Not employed				☐ Not e	mployed			
	Include part-time, self-employed wo		Occupation Employer's name									
	Occupation may i or homemaker, if		Employer's address									
			How long employed th	nere?				_				
Pa	rt 2: Give De	tails About Mor	nthly Income									
spo	use unless you are ou or your non-filing	separated. spouse have mo	ate you file this form. If you	-	·				•	·	-	
mor	e space, attach a se	eparate sheet to	this form.									
							For De	btor 1		otor 2 or ng spouse		
2.			ry, and commissions (be calculate what the monthly		2.	\$		0.00	\$	N/A		
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A		

Official Form 106l Schedule I: Your Income page 1

Debtor 1		Javon Jeter	_	C	Case number (if known)		22-12459			
	Con	by line 4 here	4.		For Debtor 1	.00		Debtor 2 filing s		
_		*	٠.		Ψ	.00	Ψ		11//	-
5.		all payroll deductions:	Fo		ф О	00	¢.		NI/A	
	5a.	Tax, Medicare, and Social Security deductions	5a.		. —	.00	\$		N/A	-
	5b.	Mandatory contributions for retirement plans	5b.		: 	.00			N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		·	.00	\$		N/A	-
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.		·	.00	\$		N/A	-
	5e. 5f.		5e. 5f.		·	.00	\$ 		N/A	-
	51. 5g.	Domestic support obligations Union dues	5i. 5g.		:	.00	\$		N/A	=
	5g. 5h.	Other deductions. Specify:	5g. 5h.		:	.00	- :		N/A N/A	-
		· · · · · · · · · · · · · · · · · · ·	_		·		· —			-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$0	.00	\$		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.			.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0	.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.		\$ 0	00	\$		NI/A	
	8d.	Unemployment compensation	8d.		·	.00	\$ 		N/A N/A	-
	8e.	Social Security	8e.		\$ 1,595		\$ 		N/A	-
	8f.	Other government assistance that you regularly receive	oe.	•	Ψ 1,393	.00	Ψ		IN/A	-
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			.00	\$		N/A	
	8g.	Pension or retirement income	8g.			.00	\$		N/A	_
	8h.	Other monthly income. Specify: Arlene Jeter (guardian) support	8h.	.+	\$ 2,625	.00	+ \$		N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,220	.00	\$		N/A	<u> </u>
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	4,220.00	+ \$		N/A	= \$	4,220.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	4,220.00	Ϊ*.		14/7	- [•] -	7,220.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.									0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	4,220.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combir monthl	ned y income
		No.								
	П	Yes. Explain:								